

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Chick Fil-A-MS</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Mailing Address 3403 Halls Fernd Rd.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">48.01</div>		
City Vicksburg	State MS	Zip Code 79180	Transaction ID : SE.35684		
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">150434.36</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

Full Name of Payee <b>Cracker Barrel-MS</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Mailing Address 410 Riverwind Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.60</div>		
City Pearl	State MS	Zip Code 39208	Transaction ID : SE.35688		
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">150460.86</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">64.61</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Cracker Barrel-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>
Mailing Address 410 Riverwind Dr.		Amount <b>9.84</b>
City Pearl	State MS	Zip Code 39208
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Transaction ID : <b>SE.35699</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>154339.24</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Crescent City Grill-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>
Mailing Address 3810 Hardy St.		Amount <b>96.58</b>
City Hattiesburg	State MS	Zip Code 39402
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Transaction ID : <b>SE.35696</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>154313.90</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>106.42</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker**[Electronically Filed]*

Date

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**06 / 23 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>D'Lo Truck Stop-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2014	
Mailing Address Hwy 49		Amount 2.76	
City DLo	State MS	Zip Code 39062	Transaction ID : SE.35698
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Delta Airlines</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2014	
Mailing Address PO Box 20706		Amount 3006.00	
City Atlanta	State GA	Zip Code 30320	Transaction ID : SE.35689
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	3008.76
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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R. Russ Walker

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 12  
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NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Enterprise Rent A Car-MS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>		
Mailing Address <b>8455 Tennessee Ave.</b>			Amount <b>131.69</b>		
City <b>Gulfport</b>	State <b>MS</b>	Zip Code <b>39501</b>	Transaction ID : <b>SE.35695</b>		
Purpose of Expenditure <b>IE-Travel-McDaniel</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>154217.32</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>257.27</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.35701</b>		
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>150718.13</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>388.96</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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**06 / 23 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>	
Mailing Address <b>400 N Capitol St., NW Suite 735</b>		Amount <b>2494.20</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.35702</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>156835.94</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <b>HMS Host</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>	
Mailing Address <b>6000 N Terminal Pkwy</b>		Amount <b>2.10</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30320</b>	Transaction ID : <b>SE.35694</b>
Purpose of Expenditure <b>IE-Travel-McDaniel</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>154085.63</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2496.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker*

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**06 / 23 / 2014**

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Holiday Inn-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>
Mailing Address 10 Gateway Dr.		Amount <b>334.63</b>
City <b>Hattiesburg</b>	State <b>MS</b>	Zip Code <b>39402</b>
Purpose of Expenditure <b>IE-Travel-McDaniel</b>	Category/Type <b>002</b>	Transaction ID : <b>SE.35690</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>154058.76</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Jackson Evers Intl Airport</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>
Mailing Address 100 International Dr.		Amount <b>2.50</b>
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39208</b>
Purpose of Expenditure <b>IE-Travel-McDaniel</b>	Category/Type <b>002</b>	Transaction ID : <b>SE.35700</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>154341.74</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>337.13</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 7 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Keg &amp; Barrell-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>	
Mailing Address 1315 Hardy St.		Amount <b>24.00</b>	
City Hattiesburg	State MS	Zip Code 39401	Transaction ID : <b>SE.35682</b>
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>150360.56</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff	

Full Name of Payee <b>Leatha BBQ-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>	
Mailing Address 6374 US Hwy 98 #D		Amount <b>25.79</b>	
City Hattiesburg	State MS	Zip Code 39402	Transaction ID : <b>SE.35683</b>
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>150386.35</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>49.79</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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R. Russ Walker

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Murphy Express-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>
Mailing Address 4103 Pemberton Sq. Blvd.		Amount <b>5.76</b>
City Vicksburg	State MS	Zip Code 39180
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Transaction ID : <b>SE.35685</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
<b>150440.12</b>		

Full Name of Payee <b>Piggly Wiggly-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>
Mailing Address 110 East Academy		Amount <b>2.13</b>
City Canton	State MS	Zip Code 39046
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Transaction ID : <b>SE.35687</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
<b>150444.26</b>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7.89</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Pine Tree-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>	
Mailing Address 31235 Liberty St.		Amount <b>2.01</b>	
City Canton	State MS	Zip Code 39046	Transaction ID : <b>SE.35686</b>
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>150442.13</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Raising Cane-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>	
Mailing Address 10420 Hwy 49		Amount <b>7.47</b>	
City Gulfport	State MS	Zip Code 39503	Transaction ID : <b>SE.35692</b>
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>154073.09</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>9.48</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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**06 / 23 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 10 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Shell-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>	
Mailing Address <b>977 Columbia Ave.</b>		Amount <b>25.00</b>	
City <b>Prentiss</b>	State <b>MS</b>	Zip Code <b>39174</b>	Transaction ID : <b>SE.35679</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>150322.89</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <b>Starbucks-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>	
Mailing Address <b>3708 Hardy St.</b>		Amount <b>4.80</b>	
City <b>Hattiesburg</b>	State <b>MS</b>	Zip Code <b>39402</b>	Transaction ID : <b>SE.35681</b>
Purpose of Expenditure <b>IE-Travel-McDaniel</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>150336.56</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>29.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 11 OF 12  
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NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tropical Smoothie Cafe-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>	
Mailing Address 6129 Hwy 98		Amount <b>6.86</b>	
City Hattiesburg	State MS	Zip Code 39402	Transaction ID : <b>SE.35691</b>
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Waffle House-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>	
Mailing Address 6737 Hwy 49 N		Amount <b>10.44</b>	
City Hattiesburg	State MS	Zip Code 39401	Transaction ID : <b>SE.35693</b>
Purpose of Expenditure IE-Travel-McDaniel	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>17.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Wards-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2014</b>	
Mailing Address <b>101 Thornhill Dr.</b>		Amount <b>8.87</b>	
City <b>Hattiesburg</b>	State <b>MS</b>	Zip Code <b>39402</b>	Transaction ID : <b>SE.35680</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <b>150331.76</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <b>Whataburger-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 22 / 2014</b>	
Mailing Address <b>11464 Highway 49 North</b>		Amount <b>12.74</b>	
City <b>Gulfport</b>	State <b>MS</b>	Zip Code <b>39503</b>	Transaction ID : <b>SE.35697</b>
Purpose of Expenditure <b>IE-Travel-McDaniel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <b>154326.64</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>21.61</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>6538.05</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker*
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